 ubmit 5 Copies ippropriate Distinct Office ISTRUCT 1	State of New Mexico Energy, Minerais and Natural Resources $De_{\mu}$ -tment					Furm C-104 Revised 1-1-89 See Instructions
10. Box 1980, Hobbs, NM 88240	OIL CO		TION DIVISION	at Bottom of Page		
O. Drawer DD, Artesia, NM 88210	San	P.O. Bo La Fe, New Me	x 2088 xico 87504-2088			clat
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			LE AND AUTHORIZ	-		- OP
Operator		NOFURI UIL	AND NATONAL GA	Well A		
Southwest Royaltie	s, Inc. V		<u></u>		-015-046	20
c/o Box 953, Midl	and, TX 79702	2				· · · · · · · · · · · · · · · · · · ·
Reason(s) for Filing (Check proper boz) New Well	Change in "	Transporter of:	Other (Piease explan	V		
Recompletion	_	Dry Gas	Réfertiue Data	12-1-0	7	
Change is Operator	Casinghead Gas	Condensais	Effective Date	12-1-9	<u> </u>	
and address of previous operator						······································
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Including Formation			Kind o	f Leave	Lease No.
North Hackberry Yates	Unit   116	North Hac	kberry Yates	State, I	ederal or Fee	NM 06766
Localios				- oc		oaat
Unit Letter	:660	Feet From The	outh_Line and198	50 Fe	t From The	east Line
Section 23 Township	<u>   195                                 </u>	Range 30E	NMPM, E	ddy		County
IL. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATU	RAL GAS			
Name of Authorized Transporter of Oil	or Condens		Address (Give address to whit			
Navajo Refining Comp Name of Authorized Transporter of Casing		DIV. or Dry Ges	P.O. Box 159. Address (Give address to whi			
			-			
If well produces oil or liquids, give location of tanks.	Uait Sec.	Twp. Rgs.	is gas actually connected?	ted? When ?		
If this production is commungled with that	from any other lease or	pool, give comming!	iag order sumber:	<b>i</b>		······································
IV. COMPLETION DATA			· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	- (X) 1	Gas Well 	New Well   Workover	Despez	Plug Back S	ame Res'v  Diff Res'v   
Date Spudded	Date Compl. Ready to	Prud.	Total Depth		P.B.T D.	- <u></u> 4
Elevations (DF, RKB, RT, CR, sic.)	Name of Producing Fo		Top Oil/Gas Pay		Tubing Depth	,
Perforations					Depth Casing	Shoe
	TUBING,	CASING AND	CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			CKS CEMENT
		<u> </u>		····-	post	<u>d ID-3</u>
					Cha.	LT: TNM
					0	
V. TEST DATA AND REQUE OIL WELL (Test must be after			i be equal to or exceed top allo	mable for th	is depth or be fo	r full 24 hours)
Date First New Oil Rua To Tank	Date of Test		Producing Method (Flow, pu			· · · · · · · · · · · · · · · · · · ·
Loop of Text			Casing Pressure		Choke Size	
Length of Test	Tubing Pressure					
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF	
				<u> </u>	_1	
GAS WELL Actual Prod. Test - MCF/D	Longth of Test	<u></u>	Bbis. Condensate/MMCF		Gravity of C	ondensale
			Casing Pressure (Shut-is)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shi	4·2)	Carried Linestina (Stateville)			
VL OPERATOR CERTIFIC	CATE OF COM	PLIANCE				
I hereby certify that the rules and reg						DIVISION
Division have been complied with an is true and complete to the best of m				പി	AN 131	994
JAA 911.	-		Date Approve	U		
And all	<u>ر</u>	<u></u>	By	2118	OR. DISTRIS	· ·
Signature Kate Ellison	► S	By SUPERVISOR. DISTRICT II				
Printed Name 1-11-94	Title					
Due	(915) 68 Te	elephone No.	- 11			
INSTRUCTIONS: This f	orm is to be filed in	compliance will	Rule 1104			

STRUCTIC Th orm is I fil compu

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.